



# South Florida Regional Transportation Authority

**NOTICE TO ALL APPLICANTS**  
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

## EMPLOYMENT APPLICATION

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG/SMOKE-FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital, disability, or any other legally protected status. Applications are valid for six (6) months from the date received. **Applicants with a disability who require accommodation within the application/interview process should direct a request in advance to Human Resources.**

**INSTRUCTIONS:** *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Street Address			
City	State	Zip Code	
Home Telephone Number ( )	Work Telephone Number (Extension) ( ) Ext.		
Alternate Telephone Number ( )	E-mail Address		
How did you learn about us?			
<input type="checkbox"/> SFRTA Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Trade Org./School: _____	
<input type="checkbox"/> CareerBuilder.com	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair: _____	
<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Relative	<input type="checkbox"/> Agency Referral: _____	
<input type="checkbox"/> Internet : _____	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Other: _____	

### Please Check Appropriate Response

1. If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details below: Date: _____ Details: _____  <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <i>Note: A conviction will not necessarily disqualify an applicant from employment.</i>
2. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date: _____	
3. Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date: _____	
4. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. On what date would you be available for work?
6. Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift Work <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekends
7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION/TRAINING/SKILLS

Language(s) other than English: \_\_\_\_\_

Do you have a High School Diploma? ☐ Yes ☐ No GED? ☐ Yes ☐ No

If not, highest grade level completed: \_\_\_\_\_

Name and location of last High School attended: \_\_\_\_\_  
Name City State

### List Colleges and Universities Attended Below:

Name and Location	Credit Hours Earned	Did you graduate?	Major/Minor Degree Field/Program of Study	Type of Degree Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### List Special Training Below: (Business, Trade, Vocational, Armed Forces Schools, etc.)

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

## DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? ☐ Yes ☐ No Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type: ☐ Operator/ Class E ☐ Commercial / Class A, B, or C ☐ Chauffeur / Class D

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please provide dates and explain: \_\_\_\_\_

### List professional, trade, business, or civic activities and offices held.

*You should exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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## EMPLOYMENT HISTORY

List previous employment history starting with your current or most recent employment. If you held more than one position within the same organization, list each position as a separate period of employment. Please include job-related volunteer, temporary, part-time work, and military experience. List all gaps in work history in spaces provided. Resumes will not be accepted as official applications.

Dates Employed (Month and Year)		Employer: _____
From	To	
		Telephone Number(s): _____
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____		
<div style="text-align: right;">Number of Employees supervised (if applicable): _____</div>		

**BETWEEN THESE JOBS (if applicable):**    ☐ Unemployed    ☐ In School    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Dates Employed (Month and Year)		Employer: _____
From	To	
		Telephone Number(s): _____
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____		
<div style="text-align: right;">Number of Employees supervised (if applicable): _____</div>		

**BETWEEN THESE JOBS (if applicable):**    ☐ Unemployed    ☐ In School    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Dates Employed (Month and Year)		Employer: _____
From	To	
		Telephone Number(s): _____
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____		
<div style="text-align: right;">Number of Employees supervised (if applicable): _____</div>		

**BETWEEN THESE JOBS (if applicable):**    ☐ Unemployed    ☐ In School    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Dates Employed (Month and Year)		Employer: _____
From	To	
		Telephone Number(s): _____
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____		
<div style="text-align: right;">Number of Employees supervised (if applicable): _____</div>		

If you need additional space, please continue on a separate sheet of paper.

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

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## PERSONAL / PROFESSIONAL REFERENCES

1.	<hr/> <i>Name and Job Title</i>	<hr/> ( ) <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal <input type="checkbox"/> Professional
2.	<hr/> <i>Name and Job Title</i>	<hr/> ( ) <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal <input type="checkbox"/> Professional
3.	<hr/> <i>Name and Job Title</i>	<hr/> ( ) <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal <input type="checkbox"/> Professional

## APPLICANT'S CERTIFICATION

Please read this statement carefully before signing below:

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the South Florida Regional Transportation Authority is true and correct. I understand that false entries, misrepresentations or material omissions provided on this application and all other information furnished in applying for employment are sufficient cause for dismissal, no matter how long after initial employment they are discovered.

I authorize investigation of all statements contained in this application for employment and all other information I have furnished in applying for employment as may be necessary in arriving at an employment decision. I further authorize release of all past employment records, police records, medical records, educational records, credit records, and other reference information for use by SFRTA in this investigation.

I agree to comply with SFRTA's Rules and Regulations. I understand that such employment will begin with a probationary period of six (6) months from the date of hire. I further understand that my employment and completion of the probationary period will not result in an employment contract.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

**My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.**

<hr/>	<hr/>
Signature of Applicant	Date



**South Florida Regional  
Transportation Authority**

**APPLICATION ADDENDUM**  
**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY**

**TO ALL APPLICANTS:**

The following information is being gathered by the South Florida Regional Transportation Authority for research, affirmative action, and federal EEO reporting requirements. Please be aware that you are not obligated to complete this form and any information you do provide is voluntary. If you choose not to answer any of the items, you will not be subject to adverse treatment; however we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

**VOLUNTARY EEO SURVEY**

Last Name	First Name	Middle Name
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Position(s) Applied For	Posting #
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**GENDER:** ☐ Male ☐ Female

**VETERAN:** ☐ Yes ☐ No If seeking veterans' preference, please complete Veterans' Preference Claim Form.

**PERSON WITH DISABILITY:** ☐ Yes ☐ No

**RACE/ETHNIC CATEGORIES:** (Check One)

- ☐ **Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ☐ **American Indian or Alaskan native:** All persons having origins in any of the original peoples of North America, and whom maintain cultural identification through tribal affiliation or community recognition.
- ☐ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Other:** Includes all persons not covered by a specific category.

If this category is checked, indicate specific ethnicity or natural origin: \_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION:**

<input type="checkbox"/> SFRTA Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Trade Org./School: _____
<input type="checkbox"/> CareerBuilder.com	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair: _____
<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Relative	<input type="checkbox"/> Agency Referral: _____
<input type="checkbox"/> Internet : _____	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Other: _____



**South Florida Regional  
Transportation Authority**

**APPLICATION ADDENDUM  
VETERAN'S PREFERENCE FORM**

**TO ALL APPLICANTS:**

Completion of the Veterans' Preference Claim section below is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five Veterans' Preference categories.

**VETERANS' PREFERENCE**

1. A veteran with a compensable service-connected disability who is eligible **or** receiving compensation, disability retirement benefits, or pension under public laws administered by the Veterans' Affairs and/or Department of Defense, **or**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or a spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, **or**
3. A veteran of any war who has served at least one day or more during wartime era; and who was discharged or separated there under honorable conditions from the Armed Forces. Active-duty for training is not allowable, **or**
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veterans' preference on their first promotion following reinstatement, **or**
5. The unmarried widow or widower of a veteran who died of a service-connected disability.

Documentation substantiating your claim must be submitted with this form (DD form 214 (Member-4) or Letter from the Florida Department of Veterans' Affairs or Department of Defense indicating service-connected disability) at the time of application. In addition, applicants claiming categories 1, 2 or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veterans' Preference law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

*If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.*

**VETERAN'S PREFERENCE CLAIM**

**INSTRUCTIONS:** Complete ONLY if you are claiming Veterans' Preference. All applicants claiming Veterans' Preference must complete this form and include all supporting documentation.

**IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
(Please check 1, 2, 3, 4 or 5 from the Veterans' Preference section above)

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

Are you a resident of the State of Florida? ☐ Yes ☐ No

Have you ever been employed in a full-time capacity by the State of Florida or any political subdivision of the State to include school districts? ☐ Yes ☐ No

**CERTIFICATION:** I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veterans' Preference applies only for the preferred applicant's **initial** employment by a covered employer. I understand that my Veterans' Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veterans' preference to expire.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**South Florida Regional  
Transportation Authority**  
800 NW 33<sup>rd</sup> Street, Suite 100  
Pompano Beach, FL 33064

## EMPLOYEE REFERENCE FORM

Applicant's Last Name	First Name	Middle / Maiden Name
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Position(s) Applied For
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### RELEASE FOR INFORMATION

*(To be completed by Applicant)*

With my signature below, I authorize the South Florida Regional Transportation Authority (SFRTA) to contact all previous employers, personal, professional and educational references as listed on my Employment Application.  
I release any and all individuals or organizations of any liability whatsoever for issuing the requested information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### EMPLOYEE REFERENCE

*(To be completed by reference source.)*

Company/Reference Name	Company/Reference Address
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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Title at Separation: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Eligible for Rehire: ☐ YES ☐ NO

Salary at Separation: \_\_\_\_\_ per \_\_\_\_\_

	Rate on Scale of 1-5 (5 being the best)	Remarks
Quality of Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Work Ethic	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Initiative / Motivation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Attitude / Personality	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Attendance / Tardiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Supervisory Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Overall Competency	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature & Title of Person Completing Form

\_\_\_\_\_  
Date

**Please return promptly as employment offer may be delayed pending our receipt of this form. Thank you for your cooperation.**